

SUMMARY REPORT OF ASSISTANCE EXPENDITURES FEDERAL CHILDREN IN VOLUNTARY FOSTER CARE

(Instructions on Reverse Side of Form)

For State Use → <input type="checkbox"/> DSS <input type="checkbox"/> County Welfare <input type="checkbox"/> County Auditor	
COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE ()

A. PERSONS COUNT	B. AMOUNTS	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current Month Supplemental Payroll
()	()	3. Current Month Cancellation Contra Roll
		5. Prior Months Supplemental Payroll
		6. Subtotal (reconciliation totals)
()	()	7. Prior Months Cancellation Contra Roll
()	()	8. Recoveries of Aid
		9. Schedule of Adjustment (show minus items in parentheses)
		10. Subtotals (Lines 7, 8, 9)
		11. DSS Office Audit Correction (for state use only)
		12. TOTAL

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13. Amount not Reimbursable
from Federal Funds

**C
FEDERAL**
(Line 12B minus
Line 13A) x .5167

**D
STATE**
(Line 12B minus
Line 14C) x .40

**E
COUNTY**
(Line 12B minus Line 14C
Minus Line 14D)

				14.
				15.
GRAND TOTALS	(Line 12B)	(Line 14C)	(Line 14D)	(Line 14E)
				16.
				17.
FUNERAL COSTS (11-405.2)				18.
(FOR COUNTY USE)	PERS. CTS.			19.
				20.

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Section 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the issued according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR	DATE	SIGNATURE OF COUNTY AUDITOR OR CONTROLLER	DATE
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INSTRUCTIONS FOR USE OF FORM CA 800 (FED-VOLUNTARY FC)

1. Enter county name and month and year of claim in space provided.
2. Complete Lines 1 through 5 and 7 through 9 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls enter grand totals shown for each payroll or contra roll). All money amounts on this Form may be rounded to the nearer dollar.
3. Enter the subtotals in Lines 6 and 10 and the totals in Line 12.
4. Line 13A - Enter the net amount not reimbursable from federal funds.
(Example: Social worker services, interest on original acquisition mortgages and costs incurred for leasebacks in accordance with the AFDC-Foster Care Group Home Rate Listing).
5. Line 14C - Enter the federal share: total aid paid (12B) minus the amount not reimbursable from federal funds (13A) multiplied by 51.67 percent.
6. Line 14D - Enter the state share: total aid paid (12B) minus federal share (14C) multiplied by 40 percent.
7. Line 14E - Enter the county share: total aid paid (12B) minus federal share (14C) (minus state share (14D)).
8. Line 15 - Enter grand totals.
9. Lines 16 and 17 - Reserved for state use.
10. Line 18 - To be used for claiming of reimbursement for funeral costs for foster care children in accordance with MPP Handbook Section 11-405.2 (see also MPP Handbook Section 25-753).
11. Lines 19 and 20 - Included at county request and use is optional. If adjustments are reported in Line 9 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.